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Owner / Driver: ( .		Tel:	)
Policy No: ( ) Period:	( )	Cover Type: (	. ).
Confirmed by ; (	· Dater.	Timer	)
Insured/Driver Liability: ( %) [Note	-Est Status (WO): N: 0-20	%; P: 21-79%. P: 80-10	0%] .
Year of Registration: ( ) Warr	unty: YES ( )/NO (	)	
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## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for Investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

Makin Edicklik W. Place P. B. C.	ACCIDENT STATEMENT
Date Of Report	17/09/2020 11:57
Date Of Accident	14/09/2020 09:30
Exact Location Of Accident	ALONG KILLINEY ROAD
Country/State of Loss	SINGAPORE
escribility of contract the contract of	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBG5938B
Insured/Policyholder	
Name Of Registered Owner	SOUTHERN MOTOR
Co Reg No	2XXXX700L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87873102
Alternative Phone No	OFFICE-87873102
Vehicle Particulars	Province to the state of the st
Manufacturer	YAMAHA
Model	X-1R-134CC (M)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5109028207-01
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD HAIRI BIN SAMAD
NRIC No	SXXXX184I
Date Of Birth	22/02/1981
Occupation	OUTDOOR
Date Of Driving Pass	22/03/2000
Oriving Experience	20 YEARS AND 5 MONTHS
Gender	MALE
4-1-11-11-11-1	(LOCAL) +65-87873102
ax Number	ATTOTAL STATE OF STATE AND A MANUAL M
Contact Number	OFFICE-87873102
Mail Address	NOEMAIL

Address

BLK 295A COMPASSVALE CRESCENT

#08-201

Postcode

541295

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - MAJOR/MINOR RD

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle) involved in the accident

2

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by ambulance?

YES

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200916/2014

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

EP57T

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

# **DETAILS OF INJURED PERSON 1**

Name

MUHAMMAD HAIRI BIN SAMAD

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBG5938B

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

#### SKETCH PLAN

## IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes: and
- (c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

Driver's Signature

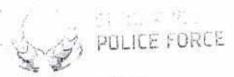
(If driver is not the policyholder)

Date & Time:

Reporting Centre Pe

Name:

NRIC/FIN No.:



1.013

Report No. T/20200916/2014

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Date/Tim 16/09/20	e Report M 20 09:21	ade:	Vide Report No.: Station Diary No.			
Informat	nt's Particu	lars	TO SEE MENTAL PROPERTY OF THE PARTY.	DHE! SE		
Name of	Informant:	BIN SAMAD	Address: APT BLK 295A COMPASSVAI SINGAPORE 541295	LE CRESCENT #08-201		
ID Type	/ ID No.: ) / S810418	341	Contact No.: Mobile: 87873102			
National			Email:			
Sex: Male	Age:	Date of Birth: 22/02/1981	Type of Informant: Rider	Institution / School Name:		
Race:	1 24		Language:	Institution / School Name.		
Malay Occupation: FOODPANDA RIDER		ER.	Driving Licence Information: Class:	Date of Expiry:		

Seneral Information  Type of Accident:	Injury Conveyed By Ambula	nce	Drink Drive: No	Date/Time of Accident: 14/09/2020 09:30	Type of Location
Location: KILLINEY RO	DAD				
Weather:		Road	Surface:		Road Speed Limit:
Traffic Flow:		Traffic	: Control:		Traffic Volume:
Type of Colli				T.	Anyone conveyed by ambulance:

Details of V	ehicle Involve		Taxabar	Color	Condition	No of Passenge
Vehicle No.	Type	Make	Model		Consider	0
VOITION TVO.		TOYOTA	COROLLA	White		U
EP57T	Car	TOTOTA	ALTIS 1.6 AUTO			
FBG5938B	Motorcycle	YAMAHA	X-1R	Blue		0

Details of Person Involved	
Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing.



2 of 3

Report No T/20200916/2014

Police Station Of Origin Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

### CONTINUATION OF REPORT

Rider						
Name	MUHAMMAD HAIRI BIN SAMAD		ID No	11	S8104184I	
Related Vehicle	FBG5938B (Motorcycle)			Conta	ct No.	87873102
Hospital/Clinic	NIL			Class Drivin Licend Expin	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	charge	NIL	
	ted Medical Leave	NIL	Degree o	of Injury	NIL	

#### Brief Details.

ON THE STATED, DATE, TIME AND LOCATION, I WAS RIDING ALONG KILLINEY ROAD TOWARDS ORCHARD. SUDDENLY, I SAW A VEHICLE ON MY LEFT FROM SAINT THOMAS WALK SUDDENLY MAKE A RIGHT TURN EXIT INTO KILLINEY ROAD. I TRIED TO HORN AND BRAKE. HOWEVER, THE OTHER DRIVER DECIDED TO FOLLOW THROUGH AND AS A RESULT, HIS FRONT OF THE CAR COLLIDED INTO MY LEFT SIDE. I ENDED UP FALLING TO THE GROUND CLOSE TO THE DRIVER'S DOOR. OTHER PASSER-BYS HELPED CONTACT THE POLICE AND AMBULANCE. AFTERWARDS, WHEN THEY ARRIVED, I WAS CONVEYED TO SGH.



Poice Station Of Origin Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No. 65470000 3 0/3

Report No. T/20200916/2014

CONTINUATION OF REPORT

## Sketch Plan

NP168

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature:

Signature Of Officer Recording The Report. TP /	Signature Of Informant:
MUHAMMAD AMIRUL M	Kan
Signature Of Interpreter: Not applicable	Date/Time: 16/09/2020 09:21
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
Sgt 3 ABDUL MUHAIMIN BIN HUSSAIN Contact No.: 65476090	SINGAPORE
Authentication Stamp	POLICE FORCE



# SOUTHERN MOTOR

Bile 1006, Buku Merah Lanc 2 (4)1-10. Singapore 159762.

Agreement No. 2020/0829/Rep

RENTAL AGREEMENT

Tel: 6273-0369 (3 Lines) Fax: 6274-6614

District

12-9-2020

Renter's Name	Muhammad Hair . 13:	o Samad				
Renter's Address	Ble 295A Compassion	ale Coesia t #	00-1-1-1-1-1-1-1			
NRIC/FIN/PP	1314 295A Compassione Crescent # 08-2015 (541295) S8164184I Start Date 12-9-2020					
Licence No.	S 8 104184I	Return Date	30-9-2020			
Contact No.	87873162/97931779	Security Deposit S	10p.co (O/R: 68596 )			
Vehicle No.	FBG 593813	□ Transfer of S.D	Fr Agt:			
Make/ Model	Yanaha X-18	Accessories	(0.1775)(持書)			
☐ Cash Rental: Re ☐ Rental Package:	ntal Amount:S	(Cash) Rental D	ays:			
	onthly Rental Amount Payable: S_t Installment Amount Payable : S	No. Of	Installments:			
Your installments unde	er the Rental Agreement will be pai	id every	day of every month			

This Rental is by and between Southern Motor, Block 1006, Bukit Merah Lane 2, #01-10, Singapore 159762 (hereinafter referred to as the 'Owner") and the Renter as stated above. Renter must produce a valid Singapore NRIC / FIN/ Passport card and a valid Driving License / International Driving License / Foreign Driving Licence. Renter guarantees that he / she is not under any suspension order on his/her Driving License.

## Rental Payment / Security Deposit

Rental charges and Security Deposit are payable by the Renter upon taking possession of the vehicle. The security deposit will be refunded to the Renter, 14 days after the end of the rental period. The Owner will use the security deposit to offset any repairs, fines or summons ( if any) incurred by the Renter during the rental period. Rental charges paid is non-refundable and non-transferable. In the event that the Security Deposit is not claimed within 3 months starting 14 days after the end of the rental period, it will be wholly forfeited.

## Rental Rates / Replacement Vehicle

Rates quoted are in Singapore Currency and include insurance, maintenance and unlimited mileage. Minimum rental charge is oneday's rate. Each excess hour is charged at one-fifth of the daily rate. For Vehicle returned after office hours, the Renter will be charged till 10am of the next working day. If the rental vehicle becomes unavailable, the Owner reserves the right to replace the vehicle with an alternative vehicle or refund the Renter the balance of the rental amount

#### Rental Extension

Any extension of rental period is subject to the Owner's approval and payment of the rental amount for the extended rental period...

Rental Extension may be done via phone and extended automatically upon Renter's request and upon Owner's receipt of the rent amount via cash/electronic/digital payment from Renter. The Rental Extension will supplement the above-mentioned Rental Agreement. All the terms and conditions existing on the previous rental term prior expiration shall remain to be effective.

	Start Date	Return Date	Amount (\$)	Date	Cash Sale No.
1			· · · · · · · · · · · · · · · · · · ·	Date	Cash Sale No.
2					
3					
4					
5					
6					

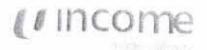




Claim Handling			State of the state	2017/9570 1/4	
Accident MT/1103710					
Pakey No.	2103580501-01	Vehicle No.	FBGS9388		
"Certificate No. Policyholder Name	\$400200227-01-000024			GST Registration No.	2341470m.
	SOUTHERN MOTOR				
Product Gode Contact No / Mussian	FLEET MASTER INSURANCE	Cover Type	Third Party	Peticyholder MASC Löstling	33414700L
Email Address	87973102	Confact No.(Office)			
KPE		Special flamack		Contact No.(Home)	
NCO Protection	= 701 Yes	TCA	Me Yes	WCode Season	160 ·
Accident Details	No	NCD Emillement(%)		Private rore	avec
Report Date				PYTERNIN PERE	Ne
	17/09/2020 18:S1	Accident Report Within 24 fes	Yes	Accident Type	Argunativa va
Date of Arcident Reporting Centre	14/09/2020	Time of Accident his min.	29.38	Country of Accident	Collision - Hayer Minor Road
Accepted Location		Grange Force		ICM No.	Singapore
Total Excess Applicable	ALONG KILLINEY ROAD			Sec. 1 sett.	
Писеля Туре		11100			
review v that	Per Accident	Windscreen Excess			
OD Standard Excess		T2740849000T			
YIEO OD Excess	144	TP Standard Excess	6,500,00		
Additional Excess	0.00	VIED TP Excess	d.on	Driver is Coverage?	Covered
Total DO Excess Applicable	Caraci	LENGGEREITERE BARROOKS			
₩ Memerits	0.00	Total TP Excess Applicable	1,500.00		
T GET Registered Informa	dien				
GST Registered					
GST Registration No.	Yes 23414700L		GST Registration Date	16/06/2001	
Hoptication History	234147000		GST Status Verified	Yes	
▼ Pullcyholder Hailing Ada	fress				
Address 1	BLK 1006 #01-10	And the second			
Address 4	121111111111111111111111111111111111111	Address 2	BUXIT MERAH LANE 3	Address 3	SINGAPORE 199762
Unit No.		Address Type	Singapore address	Post Chile	159762
⊕ OI Oriver Info		Related Policy Number	\$109280207-01		
Driver Name	Virrened Driver	September 1	WY STATE OF		
Unnamed driver Name	MUHAMMAD HAIRI BIN SAMAD	Driver Type	Unnamed Driver		
Register Date of Driver License	22/03/2000	Driver NRIC	583041841	Driver pipe	22/02/1981
Contact No.(Mobile)	87973102	Oriver Age	39	Driving Experience	26
Address I	SLK 2058 #08-201	Contact No. (Office)		Contact No.Empre)	
Address 4		Address 2	COMPASSIVALE CRESCENT	Address 3	SINGAPORE 541295
Unit No.	88-201	Address Type	Foreign address	Post Code	541295
Does he own a Singapore	Yes No				
Registered car?		Driver Variable No.	PBG59386	Drover Insurer Company	NTUC
Sectionation					E. Arino
Breathwhyser or Bland Test	200				
Reading?	≡ mg	Any inpay?	Yes in No		
SodMicwood History					
Section 1981 A					
Claim 001 from					
Jaim Type *					
			OD-HX	Name Southern Hotos	Insured 234147000
innhact No.(Mobile)				Contact	NRIC 23414700.
errore.				No. (Home)	No. 63730369 (Office)
mail Address			Anumonur O singuet com	91	TP
blen Description			The same of the same of	Number FBGSSSB	Vehicle EFS71 Number
			FBG55388 / 8P57T OW	16 Best 3020	Matter of
cforred orkshop	Insured Liebsity   No. of Park				Workship
Bittale No. Yes	Protection   Not at Foods  Protection   Preferred Workshop, Name Oppin	₩ GIA			
itie Registered	Option Option	unknown + CIA Received	•	Claire	
euser Tallau N			17/09/2020 15:55	Close	Date 17/09/2020 0
eport Taken By			ROSLI WAHAB	Date	CONTRACT CONTRACTOR
Print AK Wither					
PENE AK WEST					
			Save Submit		
Attachment			Anna   Statem		
S VICTOR SWIFTERS					
♥					
cident No.	MT/1183730	NAME OF TAXABLE PARTY.			
# Doc Received	® Yes ○ No	Claire No.	001		
		Option Date	17/09/2020 15:57		
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haces File No file chases			Clear Please Select	23 (2)	*
nacse File No file chosen			Clear Please Select	A Part Control	*
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Discose File No file chosen			Clear Heave Select	Y NO Y Normal	×
TOMBS SAID			Court I Present Select	T NO Mormat	
Attachment List	MAA SAATA MARKA A		Com Prime seed.	T NO PROFINA	
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## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 183)

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

ROAD THANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number 5109280207-01-000024

Cover : Third Party

1. Index mark and Registration Number of Vehicle

FBG5938B

Chassis Number

453304439

2. Name of Policyholder

: SOUTHERN MOTOR

3. Effective Date of Insurance

5 07 May 2020

4. Expiry Date of Insurance

: 06 May 2021

Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Palicy daes not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)

N/A

EXCESS (SECTION 2)

INSURE WITH COE

N/A

NAMED DRIVER (1)

N/A

NAMED DRIVER (2)

N/A

HIRE PURCHASE COMPANY

N/A

SUM INSURED

N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency

: ASSURE PTE. LTD. (00000572842)

Date of Issue

: 09 Apr 2020 12:17 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive